

ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Memorial Hospital of South Bend, Inc.

City: South Bend County: St. Joseph Year: **2003**

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	7	16	1,349	\$2,145
ICU Med/Surg	17	221	4,549	\$2,145
ICU Neonatal	39	392	10,713	\$2,145
ICU Pediatric	8	176	1,141	\$2,145
Medical/Surgical	107	6,877	27,613	NMF
Neonatal Intermed	0	0	0	\$0
Obstetrics	37	3,469	9,745	\$825
Pediatric	21	1,133	3,107	\$990

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	29	527	6011	\$1,265
Swing Beds	NA	0	91	\$0
Other Services	91	4,737	23,546	NA
Acute Subtotal	356	17,548	87,865	NA
Normal Newborn	37	2,887	6,665	\$385

II. Outpatient Visits			
Circulatory System	4,411	Digestive System	3,738
Endocrine System	1,510	Injuries and Poison	5,796
Mental Disorder	2,005	Musculoskeletal	13,022
Neoplasms	9,283	Nervous	3,964
Respiratory	2,706	Urinary	7,555
Other/Unknown	92,988	Total Visits	146,978
Number of Visits to Emergency Department			45,940
Percent of Emergency Department Visits of Total Visits			31.3%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	Y - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	Y - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	N - Physical Therapy	Y - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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